

# Region 3

## Behavioral Health Services

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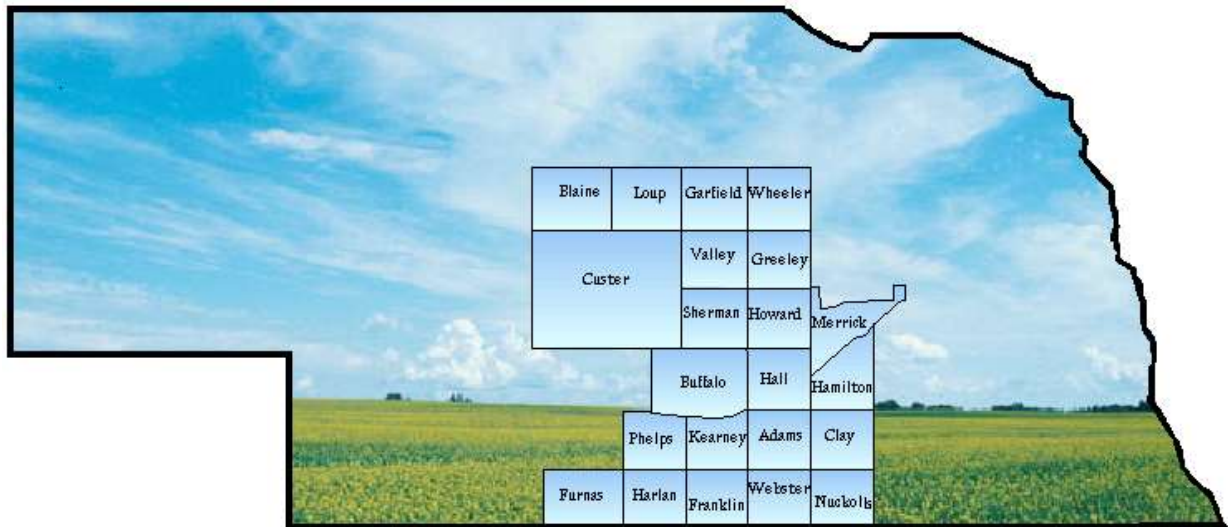
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## PROVIDER ENROLLMENT



Region 3 (Region 3) Behavioral Health Services will enroll providers into its network based on the successful completion of the provider enrollment process outlined in this document, the provider's demonstration of its ability to comply with *Nebraska Administrative Code 206: Behavioral Health Services* (NAC 206) and the Continuum of Care Manual containing the service definition(s) specific to the service(s) the applicant desires to provide in the network, and the availability of funding Region 3 has to purchase services identified as core and necessary to meet the behavioral health needs of individuals and families who meet Region 3 clinical and financial eligibility criteria.

Region 3 is a component of the Nebraska Behavioral Health System (NBHS) which is overseen by the Department of Health and Human Services, Division of Behavioral Health (DBH), and as such, DBH retains the right, based on quality and/or safety issues, to deny approval of new practitioners, providers, and sites in the Region 3 Behavioral Health Network, and to terminate or suspend individual practitioners or providers.

Note: NAC 206: Behavioral Health Services and the Nebraska Continuum of Care Manual containing the service definitions of the services included in the NBHS service array may be accessed via the internet at: [http://dhhs.ne.gov/Pages/reg\\_bhregs.aspx](http://dhhs.ne.gov/Pages/reg_bhregs.aspx) and click on Title 206 -- Behavioral Health Services and Continuum of Care Manual at <https://dhhs.ne.gov/Behavioral%20Health%20Documents/Continuum%20of%20Care%20Manual.pdf>

### DESIRED OUTCOMES

The minimum standards for behavioral health provider enrollment in the Region 3 Behavioral Health Network are designed to answer the following questions:

- A. Does the provider have the capability to provide mental health and/or substance use disorder services?
- B. Is the Network interested in purchasing the services the provider has to offer?
- C. Are there any health and safety related issues?
- D. Is the provider achieving the outcomes the Network is interested in purchasing?

### SUMMARY OUTLINE OF ENROLLMENT PROCESS

- I. Initial Enrollment of Providers
  - A. Demonstration of Capacity
  - B. National Accreditation
  - C. On-Site Visit
  - D. Primary Source Verification
- II. Retention of Providers
  - A. Demonstration of Capacity
  - B. National Accreditation
  - C. On-Site Visit
  - D. Primary Source Verification
- III. Enrollment
- IV. Capacity
  - A. Capacity of Provider
  - B. Capacity Network Will Purchase

## **BEHAVIORAL HEALTH PROVIDER ENROLLMENT STANDARDS, RESPONSIBILITIES, AND SELECTION CRITERIA**

### **I. INITIAL ENROLLMENT OF PROVIDERS**

The decision to enroll a behavioral health provider in the Region 3 Network is based on the collection of the following information: (A) Demonstration of Capacity, (B) National Accreditation, (C) On-Site Visit, and (D) Primary Source Verification.

A. Demonstration of Capacity

1. Facility Licenses, Fire Inspections, and Food Permits, as required.
2. Professional Licenses, as required.
3. Insurance as listed below:
  - a. Workers' compensation,
  - b. Motor vehicle liability,
  - c. Professional liability (minimum of \$1,000,000 per occurrence and \$3,000,000 in aggregate per year),
  - d. Directors/officers liability,
  - e. General liability coverage in an amount not less than \$1,000,000.
4. Fiscal Viability – demonstrated as “an ongoing concern” by an audited balance sheet.
5. Providers must be enrollee as a Medicaid provider (MC 19 and MC 20 form) if the service provider is eligible for Medicaid funding.
6. A Program Plan for each service provided in the Network.
  - a. Entry (admission) and exit (discharge) criteria
  - b. Description of the assessment procedures
  - c. Description of how consumer input into the program is completed.
  - d. Staffing
  - e. Quality improvement

B. National Accreditation

Provider organizations must be accredited by the national accrediting body that is appropriate to the organization's mission. National accrediting bodies include: The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or other nationally recognized accreditation organization(s) approved by Region 3 and DBH. Documentation of accreditation must include:

- a. A complete copy of the most recent official accreditation report;
- b. Documentation of the most recent official award of accreditation; and
- c. A complete copy of the plan of correction submitted in response to the official accreditation report, if applicable.

C. On-Site Visit

1. The on-site visit for providers is conducted by Network Management prior to the provider's enrollment in the Network and prior to providing service to person registered or authorized for service. The on-site visit is completed at the provider's location to verify the information provided under Section 1.A.
2. The on-site visit will evaluate the site where services are provided including where the provider's organized programmatic, clinical, and financial record keeping functions are performed.
3. The on-site visit will verify that the provider's clinical record keeping practices conform with the program plan submitted and minimum standards. This is a systematic review of the clinical records for conformity and the type of information included in treatment or rehabilitation plans, but will not make judgment on the appropriateness of treatment.

4. The on-site visit will include a data audit to verify the information reported to Region 3 and DBH and compliance with the NBHS Centralized Data System.
5. If an individual practitioner does not have National Accreditation, an on-site quality assurance review, using the standards set in NAC 206, will be completed. Organizations and group practices will be required to have National Accreditation.

#### D. Primary source Verification

All information used to meet the criteria under Section I.A. and I.B. (credentialing and facilities, malpractice insurance coverage, national accreditation, and related documents) is compiled. This is completed by Network Management, which verifies key information such as licenses, insurance coverage, national accreditation, and related documents.

## II. RETENTION OF PROVIDERS

The decision to retain a behavioral health provider is based on an actual performance and retention review. The Retention Review is completed by Network Management and consists of the following parts. (NOTE: Providers already enrolled will go through the Retention Review Process at the end to the Provisional 12-month-time period.)

#### A. Continue to Meet the Requirements for Initial Enrollment in Section 1.A.

#### B. Performance Review

An Actual Performance Review is completed to determine if the provider has demonstrated a commitment to providing quality services. The Actual Performance Review consists of four parts: (1) Contract compliance, (2) Results Produced, (3) Consumer Satisfaction, and (4) Error Free Reporting.

1. Contract Compliance – the provider has complied with all requirements listed in the provider’s contract with Region 3. If there were compliance issues, the provider submitted a corrective action plan and fulfilled all requirements in such plan.
2. Results Produced – The behavioral health provider has data demonstrating the operation of the behavioral health service. The data reported includes:
  - a. Utilization Data – process orientated information
  - b. Outcome Data – demonstrates results based on actual clinical (Increased Functioning, Increased Health Status, Decreased Symptoms, Employment Outcomes, Improved Housing, Improved Legal Status, and/or other related outcomes.
  - c. Record of Accepting NBHS referrals.
3. Consumer Satisfaction  
This is based on the attention paid to customer service and includes:
  - a. Consumer Satisfaction Survey
  - b. Tracking consumer complaints regarding the provider
  - c. Malpractice suits (is anything pending in the area, or recently adjudicated?)
  - d. Does the provider or service create unnecessary dependence (service demonstrates promotion of growth and independence and does not foster dependence)?
3. Error Free Reporting
  - a. Information reported is “without mistakes” in the billing, utilization of the Centralized Data System, consumer service data, and other reporting.
  - b. When there are errors, it is costly to correct the problem. The measure here is the “error rate” in reporting – the lower the error rate the better.

### C. On-Site Visit

1. The on-site visit reconfirms the information in Section I.A. and is conducted before the Retention Review is completed.
2. The site visit report must include information on how well the record keeping system conforms to the standards sets. There will be specific requirements for corrective actions with deadlines when standards are not met.

### D. Primary Source Verification

Information used to meet the criteria in Section I.A. and I.B. must be verified and documented by Network Management to complete the Retention Review.

## III. ENROLLMENT

To receive funds from Region 3 for the delivery of behavioral health services, providers must submit the following:

1. Completed Provider Enrollment Application (Attachment A);
2. Current copy of the required licenses issued by the Department of Health and Human Services or the applicable local licensing authorities of competent jurisdiction which apply to the program;
3. Documentation on the type of organization seeking approval (such as governmental, private non-profit) to operate the program(s); and
4. Accreditation appropriate to the organization's mission by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or other nationally recognized accreditation organization(s) approved by the Director. Documentation of accreditation must include:
  - a. A complete copy of the most recent official accreditation report;
  - b. Documentation of the most recent official award of accreditation; and
  - c. A complete copy of the plan of correction submitted.

Exceptions to required national accreditation include: (1) Substance abuse prevention organizations, and (2) when a nationally recognized accreditation organization appropriate to the organization's mission cannot be identified.

Organizations that do not have documentation of official award of accreditation by TJC, CARF, COA, or other nationally recognized accreditation organization (s) approved by Region 3 and the Division must submit an Accreditation Development Plan for progressively bringing the organization into accreditation status during a two-year period. During the time an organization is working towards accreditation under an Accreditation Development Plan, the organization must meet the standards for behavioral health services in NAC 206, Chapter 6. The Accreditation Development Plan must demonstrate a systematic approach toward achieving accreditation and must comply with all requirements contained in NAC 206, Chapter 5.

## IV. CAPACITY

The capacity will indicate the behavioral health services the provider desires to deliver in the Region 3 Network and how much service the provider is capable of offering.

## V. ADDITIONAL PROVIDER RESPONSIBILITIES

In addition to the above stated requirements, each provider must meet the following criteria to be an approved behavioral health provider to be included in the Region 3 Behavioral Health Network.

- A. If services of a provider are eligible for Medicaid funding, the provider must be enrolled as a Medicaid provider.
- B. Providers will continue to be enrolled only as long as licensure is maintained. Providers will be immediately terminated as an approved provider upon written notification by Region 3 whenever licensure is denied or revoked, or in the event of the imminent jeopardy of the health and safety of the consumers.
- C. Failure to maintain compliance with the criteria set forth in the Provider Responsibilities and Provider Selection Criteria stated throughout this document will jeopardize the provider's inclusion in the Region 3 Behavioral Health Network. Region 3 will notify the provider in writing of the failure to maintain compliance, at which time, the provider shall be allowed thirty (30) days to meet requirements or file a "Plan of Compliance" within twenty (20) days with Region 3. If the provider fails to meet compliance within thirty (30) days or file a "Plan of Compliance" within twenty (20) days with the Region, the provider shall be dis-enrolled from the Region 3 Behavioral Health Network.
- B. Providers of Federal Block Grant set-aside services (substance abuse prevention services and services for pregnant women and women with dependent children and/or mental children's services and services for persons disabled by serious mental illness) must have the demonstrated ability to provide these services per federal block requirements.
- C. Providers must have the capacity to provide an evaluation and assessment of the behavioral health needs of any person seeking authorization and payment for the service(s) they provide.

To be enrolled as a network provider, all providers must agree to comply with all reporting and billing requirements of Region 3.

- D. Providers must agree to routine verification of the services delivered. Verification will be completed by Region 3 Network Management and/or DBH.
- E. To be enrolled as a Region 3 Behavioral Health Network provider, all providers must agree to comply with the clinical eligibility, levels of care entry and exit criteria, and assessment and service definition guidelines as contained in Continuum of Care Manual. A provider, that does not comply, will not be eligible for continued membership in the Region 3 Network.
- F. Providers must agree to serve all clinically and financially appropriate referrals registered and authorized through the NBHS Centralized Data System.
- G. Providers must agree to register all persons in the NBHS Centralized Data System for Non Fee for Service (NFFS), which do not require prior authorization, within 48 hours of admission to a service.
- H. Providers shall comply with all reporting requirements for person placed in their services pursuant to the Mental Health Commitment Act.

- I. To be enrolled as a network provider, all providers must agree to comply with the financial eligibility criteria, the fee schedule, and to accept the rate schedules established by Region 3 and/or DBH. A provider that does not comply will not be eligible for continued membership in the Region 3 Network.
- J. Providers must agree to ensure continuity of care to link the consumer to other services and providers so behavioral health care is not interrupted. This shall include coordinating consumer care through other providers and Region 3.
- K. Providers shall comply with federal and state required standards of confidentiality and shall collaborate as a member of the Region 3 Behavioral Health Network and comply with confidentiality protocols to ensure continuity of care within the Network. Such protocols include at a minimum, a release of information for each consumer to sign, which allows Region 3 and DBH to receive confidential information and make a determination if care shall be authorized.
- L. Providers must agree to attend at least 80% of Region 3 Network meetings on an annual basis.

ATTACHMENT A  
REGION 3  
NETWORK PROVIDER ENROLLMENT MINIMUM STANDARDS APPLICATION

To be considered for enrollment in the Region 3 Network the following application must be completed in its entirety and signed. Completed applications are to be mailed to Region 3, PO Box 2555, Kearney, NE 68848-2555, c/o Network Specialist or emailed to mholcomb@region3.net.

SUMMARY OUTLINE OF NETWORK PROVIDER ENROLLMENT MINIMUM STANDARDS ENROLLMENT APPLICATION

- Part I. Identifying Information to Include Personnel Information and Licenses
- Part II. Required Documentation
- Part III. Approved Medicaid Provider Number, if applicable (Issued by DHHS)
- Part IV. Capacity Available
- Part V: Certificate of Liability Insurance Documentation
- Part VI. Policies/Procedures/Plans
- Part VII. Peer Recommendations
  - A. Individual Practitioners
  - B. Organizations/Agencies/Group Practices

PART I. IDENTIFYING INFORMATION TO INCLUDE PERSONNEL INFORMATION AND LICENSES

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check One:     \_\_\_ INITIAL ENROLLMENT     \_\_\_ RETENTION

1. Name of Applicant: \_\_\_\_\_
2. Formal education completed and educational institution(s)
3. Residency, internship, and training for any clinical expertise or other specialties
4. Professional license # (s) and type(s) (e.g. LMHP #1878): \_\_\_\_\_
5. Federal Tax ID #: \_\_\_\_\_
6. NPI (National Plan & Provider Enumeration System) #: \_\_\_\_\_
7. Social Security #: \_\_\_\_\_

Organizations or group practices must provide the additional information:

1. All applicable state licenses
2. All applicable facility licenses
3. Verification of most recent fire inspection conducted by the state fire marshal
4. Food permits, as required
5. It is preferred that organizations hold membership in a national organization dedicated to behavioral healthcare which ascribes to a professional and business code of ethics and standards. It is also preferred that members of a group practice or are individual practitioners hold membership in a state or national professional association which ascribes to a professional code of ethics (such as American Psychiatric Association, American Psychological Association, National Association of Social Workers, American Nursing Association, Employee Assistance Professionals Association, and Nebraska Counseling Association.)

Please list memberships in national and state professional association(s): \_\_\_\_\_

\_\_\_\_\_



6. Is the Applicant an (check one):  
 Organization/Facility     Group Practice     Individual/Professional Practice

7. Name of Director/CEO of Organization: \_\_\_\_\_

Contact Person, if other than Director/CEO: \_\_\_\_\_

8. Phone Number: (\_\_\_\_) \_\_\_\_\_

FAX Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

9. Physical location where service will be provided:

(Street): \_\_\_\_\_

(City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

Mailing address of provider:

(Street/PO Box): \_\_\_\_\_

(City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

10. Is the applicant part of a larger organization? Yes  No

(If yes, name/address/phone of the larger organization):

(Name): \_\_\_\_\_

(Street): \_\_\_\_\_

(City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

(Phone): (\_\_\_\_) \_\_\_\_\_

11. Federal Tax Identification Number (Organization/Group) \_\_\_\_\_

Social Security Number (Individual) \_\_\_\_\_

12. Identify foreign language(s) or sign language applicant has capacity to speak fluently in treating clients.

Sign Language (SL)     Hebrew (HE)     Portuguese (PO)     German (GE)

Arabic (AR)     Hindi (HI)     Russian (RU)     Laotian (LA)

Chinese (CH)     Italian (IT)     Spanish (SP)     Vietnamese (VI)

Farsi (FA)     Japanese (JA)     Tagalog (TA)     French (FR)

Korean (KO)     Other (specify) \_\_\_\_\_

13. Identify any special population(s) applicant has capacity to serve (i.e., Hispanic, Pregnant Women, Women with Children, Native American) \_\_\_\_\_

14. Identify the Legal Status of the Organization or Individual (check one):

For-Profit     Non-Profit     Quasi-Governmental     Other (specify) \_\_\_\_\_

**PART II. REQUIRED DOCUMENTATION**

1. Demonstrate Fiscal viability, including fiscal and budgetary systems that provide appropriate accounting for and spending of contracted funds.
2. A Program Plan for each service provided in the Network.
  - a. Entry (admission) and exit (discharge) criteria
  - b. Description of the assessment procedures
  - c. Description of how consumer input into the program is completed.
  - d. Staffing
  - e. Quality improvement
  - f. Administrative and operational overview of applicant
  - g. Purpose of program
  - h. Need for the program
  - i. Target population
  - j. Organization of program
  - k. Program goals
  - l. Specific program services
  - m. Procedures for direct consumer involvement
  - n. Capacity
  - o. Facility needs

3. National Accreditation

*Note: If the applicant is not nationally accredited, please see Network Provider Enrollment Minimum Standards Process document (I.B.2.a-d (pages 5 and 6)).*

Provide a complete copy of the most recent:

- a. official accreditation report;
- b. official award of accreditation; and
- c. plan of correction submitted in response to the

Type of National Accreditation (check all which apply):

1. Joint Commission  
 2. The Commission on Accreditation of Rehabilitation Facilities (CARF)  
 3. Council on Accreditation (COA)  
 4. American Osteopathic Association (AOA) for hospital psychiatric services only

Date of Last Accreditation \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date when Accreditation expires \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PART III. APPROVED MEDICAID PROVIDER NUMBER, IF APPLICABLE (ISSUED BY DHHS):**

The applicant must be enrollee as a Medicaid provider (MC 19 and MC 20 form) if the service is eligible for Medicaid funding.

**PART IV. CAPACITY**

SERVICE	APPLICANT'S FULL CAPACITY IN THIS SERVICE

**PART V. CERTIFICATE OF LIABILITY INSURANCE DOCUMENTATION**

*Attach a Certificate of Liability which includes the following:*

<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Fire Damage	\$50,000 any one fire
Medical Payments	\$10,000 any one person
Abuse & Molestation	Included
Contractual Liability	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
<b>WORKER'S COMPENSATION</b>	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
<b>COMMERCIAL AUTOMOBILE LIABILITY</b>	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$1,000,000
<b>SUBROGATION WAIVER</b>	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
<b>LIABILITY WAIVER</b>	
"Commercial General Liability & Commercial Automobile Liability policies shall be primary and any insurance or self-insurance carried by the State shall be considered excess and non-contributory."	
<b>PROFESSIONAL LIABILITY</b>	
Professional liability (Medical Malpractice)	Limits consistent with Nebraska Medical Malpractice Cap
Qualification Under Nebraska Excess Fund	
All Other Professional Liability (Errors & Omissions) - Director and Officers' Liability or a Fidelity bond for all members or boards and commissions	\$1,000,000 Per Claim / Aggregate
<b>CYBER LIABILITY</b>	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$1,000,000

**PART VI. POLICIES/PROCEDURES/PLANS**

*Attach the following policies/procedures/plans:*

1. Americans with Disabilities Act Policy
2. Chronic Infectious Diseases Policy
3. Client Rights and Responsibilities Policy
4. Code of Ethics Policy
5. Confidentiality of Case Records Policy
6. Critical Incident policy/procedures to include the definition of a critical incident, how to investigate, including follow up; documentation requirements, and notifications required when a critical incident occurs. Procedures must address prevention, reporting, documentation, remedial

actions and timely debriefings for critical incidents occurring within a provider agency. Providers will have a system and be able to demonstrate that personnel are trained in and aware of reporting requirements. If enrolled within the network, the provider shall provide the region with an Annual Incident Summary to determine compliance and appropriate actions taken to address identified needs.

7. Cultural Diversity/Competence Policy
8. Drug-Free Workplace Policy
9. EOE / Affirmative Action Policy
10. Disclosure and Resolution of Conflict of Interest Policy
11. Policy re: continuing education/training for employees
12. Policy which states the following “Any youth who have not attained the age of eighteen (18) years shall be prohibited from using tobacco products on agency premises or at agency functions.”
13. Policy which clearly indicates compliance with the requirements of P.L. 103-327, also known as the Pro-Children Act of 1994 (Act), and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.
14. Policy which clearly indicates provider agrees that its staff having any direct contact with consumers of any age will have initial background checks to include a check of the following registries:
  - a. Sex Offender Registry
  - b. Nebraska Child Abuse and Neglect Registry
  - c. Nebraska Adult Abuse and Neglect Registry
  - d. Criminal Records Check by the NE State Patrol
  - e. Department of Motor Vehicles (as applicable)
  - f. Out-of-state background checks will be completed on all newly hired employees, interns, and volunteers who have resided in Nebraska for less than two years if it is foreseeable that the individual may have contact with consumers of any age during the course of providing direct services.
15. Sexual Harassment Policy
16. Workplace Harassment Policy
17. Corporate Compliance Plan
18. Continuity of Operations Plan
19. Internal Disaster Plan that includes protecting the life and safety of participants
20. Grievance Procedures regarding employees and participants. Must include how participant's rights will be protected when report is received.
21. Procedures concerning the processing of complaints
22. A process is in place to provide annual verification of all applicable employee's required license(s) to ensure such license(s) have not been revoked and/or suspended.
23. Documentation which clearly indicates compliance with Voter Registration Bill (LB76) passed in 1994.
24. Ensure consumers are not denied access to mental health or substance use treatment solely based on participation in Medication Assisted Treatment for a substance use disorder. Medication Assisted Treatment refers to a range of pharmacotherapy available to detoxify, maintain, or otherwise medically manage clients to treat addiction.
25. Ensure compliance with access to medical care for consumers who are receiving Medically Assisted Treatment.
26. Utilize a “no refusal” approach to admitting persons determined eligible by the DHHS system management agent for community-based BH services in REGION 3’s network.
27. Record Management/Retention to include timelines re:
  - a. Client Records Retention Following Discharge
  - b. Methods for Disposal of client records
  - c. Listing of documents included in personnel files
  - d. How information re: personnel is accessed
28. CLAS Standards Matrix Worksheet to be completed

- 29. Cultural Sensitivity Survey to be completed
- 30. Documentation which clearly indicates all new staff shall receive at least one hour of trauma education as part of employment orientation.
- 31. Documentation which clearly indicates all direct service staff shall receive at least one hour of education involving trauma-specific techniques annually.

PART VII. PEER RECOMMENDATIONS

C. Individual Practitioners

For applicants seeking enrollment in the Region 3 Behavioral Network for the first time, the applicant must attach three (3) letters of recommendation from separate entities with similar licensure and certification.

D. Organizations/Agencies/Group Practices

For organizations and group practices seeking enrollment in the Region 3 Behavioral Health Network for the first time, the organization must provide one (1) letter of recommendation from each of the following separate sources:

- 1. Referral Entity
- 2. Organization Providing Similar Services
- 3. Behavioral Health Professional

By signing this application, the undersigned certifies that the information is true, accurate and complete:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature & Title of Agency Director/CEO

\_\_\_\_\_  
Date